## Supplemental Application Data Sheet

### Application Information

Application Type:: National Phase

Subject Matter:: Utility

Suggested Group Art Unit:: N/A
CD-ROM or CD-R?:: None
Sequence submission?:: None
Computer Readable Form (CRF)?:: No

Title:: SYSTEMS AND METHODS FOR SPINAL

SURGERY

Attorney Docket Number:: 101896-474

Request for Early Publication?:: No
Request for Non-Publication?:: No
Small Entity?:: No
Petition included?:: No

Secrecy Order in Parent Appl.?:: No

# Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Michael
Family Name:: Mahoney

City of Residence:: Middletown

State or Province of Residence:: RI
Country of Residence:: US

Street of mailing address:: 4 Gae Street
City of mailing address:: Middletown

State or Province of mailing address:: RI

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Applicant Authority Type:: Inventor Primary Citizenship Country::

Status" **Full Capacity** 

Given Name.. Sara

Family Name:: Dziedzic

Brighton Dorchester City of Residence::

State or Province of Residence: MA Country of Residence:: LIS

Street of mailing address:: 72 Euston Street 10 Coffey Street

US

City of mailing address:: Brighton Dorchester

State or Province of mailing address:: MA

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Applicant Authority Type:: Inventor Primary Citizenship Country:: US

Status:: **Full Capacity** 

Given Name" Paul

Family Name:: Birkmeyer City of Residence:: Marshfield

State or Province of Residence:: MA Country of Residence:: US

Street of mailing address:: 154 Partridge Brook Circle

City of mailing address:: Marshfield State or Province of mailing address:: MA Postal or Zip Code of mailing address:: 02050

Applicant Authority Type:: Inventor Primary Citizenship Country:: US

Status:: **Full Capacity** Given Name:: Timothy Family Name:: Beardsley City of Residence:: Kingston

State or Province of Residence:: MA

Country of Residence:: US

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City of mailing address:: Kingston

State or Province of mailing address:: MA
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Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Dale

Family Name:: Frank

City of Residence:: Fall River Taunton

State or Province of Residence:: MA
Country of Residence:: US

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Street

City of mailing address:: Fall River Taunton

State or Province of mailing address:: MA

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Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Ron

Family Name:: Naughton

City of Residence:: Tiverton Westfield

State or Province of Residence:: RI NJ
Country of Residence:: US

Street of mailing address:: 5 Horizon Drive 515 Parkview Avenue

City of mailing address:: Tiverton Westfield

State or Province of mailing address:: RI NJ

Postal or Zip Code of mailing address:: 02878 07090

Correspondence Information

Correspondence Customer Number:: 021125

Representative Information

Representative Customer Number:: 021125

**Domestic Priority Information** 

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	claims priority to	60/543,030	02/09/2004

#### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
World Intellectual Property Organization	PCT/US05/004136	02/09/05	Yes
(WIPO)	l .		

#### Assignee Information

Assignee name:: DePuy Spine, Inc.

Street of mailing address:: 325 Paramount Drive

City of mailing address:: Raynham

State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02767